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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/570,643			ing Date 30/2006	To be Mailed	
	Al	PPLICATION	ENTITY	OR		HER THAN ALL ENTITY							
	FOR	N	NUMBER FILED		NUMBER EXTRA		Г	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		ı	N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A		
	CFR 1.16(i))		minus 20 =		•		П	x \$ =		OR	x s =		
IND (37	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 = *		•		l	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawir sheets of paper, the applicati is \$250 (\$125 for small entity additional 50 sheets or fractio 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each thereof. See							
	MULTIPLE DEPEN	IDENT CLAIM PR	7 CFR 1.16(1						
* If	he difference in col	r "0" in colu		TOTAL		J	TOTAL						
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY													
AMENDMENT	11/30/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(i))	· 31	Minus	~ 33		= 0		x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1,16(h))	•1	Minus	3		= 0		x \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))									OR			
							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.1801)		Minus			=	i	x \$ =		OR	x s =		
	Independent (37 CFR 1,16(h))		Minus	***		=	1	x \$ =		OR	x \$ =		
ā	Application Size Fee (37 CFR 1.16(s))						ı			1			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
Г							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
**	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Pad For "N THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Pad For "N THIS SPACE is less than 3, enter "3". The "Highest Number Previously Pad For "(Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in its in following process) an application Confidentiality is operand by 38 US 6.2 22 and 37 CFR 1.4. This recollection is estimated to the 82 trainware to complete, encluding pathening, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.